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APPLICATION NO.	FILING DATE	FIRST NAMED INVI		IVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
09/721,091	11/22/2000	000 W. Vincent Qui		uintana	10001-29675	2182			
APPLN, TYPE	APPARATUS AND METHO	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
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nonprovisional / "/	NO	\$1400		\$0	\$1400	09/16/2005			
• EXAMINER		ART UNIT		CLASS-SUBCLASS	]				
MOE, A	UNG SOE	2612		348-373000					
CFR 1.363).  Change of corresponded responsible of the Change of Corresponded responsible of the Change of the Cha	de address or indication of "Formula deficie address (or Change of 22) attached.  tion (or "Fee Address" Indication more recent) attached. Use	Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
	RESIDENCE DATA TO B		_						
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear I a substitute for	on the patent. If an assign filing an assignment.	nee is identified below, the d	ocument has been filed			
(A) NAME OF ASSIGN	IEE	(B	) RESIDENCE:	(CITY and STATE OR CO	UNTRY)				
Bath Iron W	orks		Bath, M	Z.					
	e assignee category or catego	·····			orporation or other private gro	oup entity Governm			
4a. The following fee(s) are  Issue Fee	enclosed:	46	Payment of Fee	e(s): he amount of the fee(s) is en					
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Advance Order - # o					harge the required fee(s), or (enclose an extra c	credit any overpayment opy of this form).			
, — ·	(from status indicated above MALL ENTITY status. See	•			240 E 187 F 149 CR3 L 1998 B 1 1 9 C	······································			
The Director of the USPTO	is requested to anothy the less	e Fee and Publicat	tion Fee (if any)	or to re-apply any #4 veries	584id issue factorilacondina	tion identified above			

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Typed or printed name Michael J. Bell

Date August 19, 2005

Registration No. 39,604

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00840.0009.NPUS00

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## TRANSMITTAL FORM Application Number 09/721,091 Filing Date November 22, 2000 First Named Inventor W. Vincent QUINTANA Art Unit 2612 Examiner Name Aung Soe Moe

Attorney Docket Number

**ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final Provisional Application Status Letter Power of Attorney, Revocation Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify below): Extension of Time Request Terminal Disclaimer PTO/SB/17 and PTOL-85B Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Howrev LLP Signature Printed name Michael J. Be Reg. No. Date August 19, 39.604 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Signature

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Effec	tive on 12/08/2	2004.	L	Complete If Known							
Even pursuant to the Consoli			- 1	Application Number	09/721,091						
FEE TRANSMITTAL for FY 2005				Filing Date	November 22, 2000						
				First Named Inventor	W. Vincent QUINTANA						
				Examiner Name	Aung Soe Moe						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	2612						
TOTAL AMOUNT OF PAYMENT (\$)				Attorney Docket No.	00840.0009.NPUS00						
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order Other (please identify):											
Deposit Account Deposit Account Number: 08-3038 Deposit Account Name:											
· ·			is hereb	<del></del>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION											
				CH FEES	EXAMINATION						
Application Tyme		mall Entity Fee (\$)	ee (\$)	Small Entity Fee (\$)		all Entity ee (\$)	Fees Paid (\$)				
Application Type     Utility	<u>Fee (\$)</u> 300	150	500	250	200	100	1 000 1 dia (0)				
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FEE			-	-		<u>S</u> r	nail Entity				
Fee Description						Fee (\$)	Fee (\$)				
Each claim over 20 (incl						50	25				
	Each independent claim over 3 (including Reissues)					200	100				
Multiple dependent clair Total Claims	ns Extra Clai	ims Fee (\$)	Foos	Paid (\$)	Ми	360 Itiple Deper	180 ndent <u>Claims</u>				
- 20 or HP	=	x	<u>-ees</u>	, , aid ( <i>y)</i>	<u>1410</u>	Fee (\$)	Fee Paid (\$)				
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3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)											
<u>Total Sheets</u> <u>Ex</u> - 100 =	tra Sheets	<u>Number o</u> /50=		<u>idditional 50 or fractio</u> und <b>up</b> to a whole numb		<u>e (\$)</u> =	Fee Paid (\$)				
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Non-English Specification, \$130 fee (no small entity discount)											
Other (e.g., late fi)ing surcharge): PTOL/85B (Issue Fee - \$1,400) and Advance Copies (\$30.00) \$1,430											
SUBMITTED BY											
Signature	WX	1501		egistration No. 39,604 ttorney/Agent)		Telephon	e (202) 383-7006				
Name (Print/Type) Michael	I.I Ral	/ / /				Date Auc	ust 19, 2005				

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